PROGRAM ENROLLMENT

NAME OF SCHO	PROGRAM NAME													
LEAD INSTRUC	(FIRS	(FIRST NAME)		(MI)		SOCIAL SECURITY NUMBER								
DISTRICT NUMBER SCHOOL			NUMBER	PROGRAM	1 CODE	PRO	GRAM I	RAM I.D.		CIP CODE				
Unduplicated Pro The enrollment figu three semesters sh ONCE. Do not inc	ures record	ded should ounted ON	I reflect the t ILY ONCE. <u>demic progra</u>	Students ha	cated enro aving mo ents in Gra	ollment for re than of ades 7 of	or the ye one tea or 8 in the	ar. A s cher in e enrolli	tudent the sa ment co	me pro	gram sho this form.	ould be		
	American Indian Alaskan Native		Asian	Pacific Islande		Black, Not Hispanic				e, Not anic	Gende Ethni TOTA	ic		
MALE FEMALE						_								
Count students of also be counted sections. <i>Due to collection</i> , <i>ple</i>	in the Spec changes in	cific Labor n the Spe instructio	Market & Gra cial Populations carefully	ade Level tions data		To	al Spe	cific L	abor N	//arket			These Two Totals	
Individuals w/Disabilities	Limited English Prof. Students	Eco	nomically dvantaged	Single Parents	Grad 9	de C	Grade Gra		Grade 12		Grade L Total		MUST Be the Same	
					SIG	NATUI	RES							
Lead Instructor School Administrator								Date						
				Date										

PLEASE RETURN THIS FORM TO THE STATE DIVISION OFFICE - MAKE A COPY FOR YOUR FILES